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CONFIRMATION NO. 3681

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|---|---|--|---|--------------------------------------|---------------------------|--------------------------------|
| SERIAL NUMBER 10/538,543 | FILING or 371(c) DATE 06/10/2005 RULE | CLASS 374 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. M-1107 | | |
| APPLICANTS Loren Lantz, Charles, MO; James Harr, Foristell, MO; ** CONTINUING DATA ***** This application is a 371 of PCT/US03/00256 01/06/2003 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/28/2006 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RENE T TOWA/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY MO | SHEETS DRAWINGS 7 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS TYCO HEALTHCARE - EDWARD S. JARMOLOWICZ 15 HAMPSHIRE STREET MANSFIELD, MA 02048 UNITED STATES | | | | | | |
| TITLE Tympanic thermometer with ejection mechanism | | | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |